

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR REMOVING MASTIC, PARTICULARLY FOR THE REPAIR OF JOINTS IN STRUCTURES OF AIRCRAFT TANKS AND CONTAINER FOR USE THEREWITH
Attorney Docket Number::	0540-1016
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LAURENT
Middle Name::
Family Name:: DUMORTIER
City of Residence:: TARGON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: LE BRAVE

City of Mailing Address:: TARGON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33760

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACQUES
Middle Name::
Family Name:: SAMENAYRE
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 11 RUE CLAIREFONTAINE

City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-33200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: MANTAU
City of Residence:: VILLENAVE D'ORNON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 36BIS CHEMIN DE GAMARDE

City of Mailing Address:: VILLENAVE D'ORNON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DAVID
Middle Name::
Family Name:: LAVIGNE
City of Residence:: CASTELJALOUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: LADZET

City of Mailing Address:: CASTELJALOUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-47700

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 12545	10/9/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::